



DLI PERMIT NUMBER: \_\_\_\_\_

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION / RENOVATION**1. TYPE OF NOTIFICATION: ☐ ORIGINAL ☐ AMENDED ☐ CANCEL ☐ NESHAPS

2. FACILITY INFORMATION: (facility owner, removal, demolition &amp; other contractors)

OWNER:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE #:

REMOVAL CONTRACTOR:

LICENSE #:

FEDERAL EMPLOYER IDENTIFICATION NUMBER:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE:

DEMOLITION CONTRACTOR:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE #:

OTHER OPERATOR:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE #:

3. TYPE OF OPERATION: ☐ DEMOLITION ☐ RENOVATION ☐ EMERGENCY RENOVATION ☐ ENCAPSULATE4. IS ASBESTOS PRESENT: ☐ YES ☐ NO

5. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER):

BUILDING NAME:

STREET ADDRESS:

COUNTY:

CITY:

STATE:

ZIP CODE:

SITE LOCATION:

BUILDING SIZE:

# FLOORS:

AGE IN YEARS:

PRESENT USE:

PRIOR USE:

6. SCHEDULED DATES: **REMOVAL** START: \_\_\_\_\_ FINISH: \_\_\_\_\_

REMOVAL TIMES: DAYS OF OPERATION: (MON - SUN) \_\_\_\_\_

WORKSHIFT HOURS: (MON - FRI) \_\_\_\_\_

(SAT - SUN) \_\_\_\_\_

7. SCHEDULED DATES: **DEMOLITION** START: \_\_\_\_\_ FINISH: \_\_\_\_\_

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8. PROCEDURE, INCLUDING ANALYTICAL METHOD, USED TO DETECT THE PRESENCE OF ASBESTOS:

INSPECTOR:		VA. CERTIFICATION #:	
9. ACM TO BE REMOVED	AMOUNT	10. ACM NOT REMOVED	
DESCRIPTION		DESCRIPTION	AMOUNT
PIPE	LNFT	FRIABLE	FT
SURFACE AREA	SQFT	CATEGORY I	FT
VOL. ACM OFF FACILITY (NESHAPS)	CUFT	CATEGORY II	FT

11. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

12. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

13. WASTE TRANSPORTER #1: NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE:

WASTE TRANSPORTER #2: NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

TELEPHONE:

14. WASTE DISPOSAL SITE: NAME:

LOCATION:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

LANDFILL PERMIT #:

15. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:

NAME:

TITLE:

AUTHORITY:

DATE OF ORDER: \_\_\_\_\_ DATE ORDERED TO BEGIN: \_\_\_\_\_

16. FOR EMERGENCY RENOVATIONS:

DATE AND HOUR OF EMERGENCY: \_\_\_\_\_ TIME: \_\_\_\_\_

DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE

17. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR

PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

18. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE NESHAP REGULATIONS WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE AT THE PROJECT SITE FOR INSPECTION. (40 CFR PART 61, SUBPART M, REQUIRED AFTER NOVEMBER 20, 1991)

SUPERVISOR:	_____	LICENSE #:	_____
PROJECT MONITOR:	_____	LICENSE #:	_____
PROJECT DESIGNER:	_____	LICENSE #:	_____
LABORATORY:	_____	LICENSE #:	_____

SIGNATURE OF OWNER/OPERATOR \_\_\_\_\_ DATE: \_\_\_\_\_

19. I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ACCREDITED PERSONS ARE BEING USED ON THIS PROJECT.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

20. AMOUNT OF ASBESTOS FEE SUBMITTED: \$\_\_\_\_\_

An asbestos project permit fee shall be submitted with the completed project notification. The fee shall be in accordance with the following schedule unless a blanket notification (as described below) is granted.

- \$50 for each project equal to or greater than 10 linear feet or 10 square feet up to and including 260 linear feet or 160 square feet.
- \$160 for each project equal to or greater than 260 linear feet or 160 square feet up to and including 2600 linear feet 1600 square feet.
- \$470 for each project of more than 2600 linear feet or 1600 square feet.
- If the amount of the asbestos is reported in both linear feet and square feet the amounts will be added and treated as if the total were all in square feet for this subsection.
- \$15 for each amended notification.

A blanket notification, valid for a period of one year, may be granted to a contractor who enters into a contract for asbestos removal or encapsulation on a specific site which is expected to last one year or longer.

Address all notifications as described below:

ASBESTOS PROGRAM  
DEPARTMENT OF LABOR AND INDUSTRY  
POWERS-TAYLOR BUILDING  
13 SOUTH THIRTEENTH STREET  
RICHMOND, VA. 23219  
FAX (804) 371-7634

CREDIT CARD TYPE: (CHECK ONE)

☐ VISA                      CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

☐ MASTERCARD

AUTHORIZED SIGNATURE: \_\_\_\_\_